



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Appl. No. : 10/008,476
Applicant(s) : James B.Y. Tsui et al
Filed : December 10, 2001
Title : DIGITAL FILTER BANK FOLLOWED BY MONOBIT RECEIVERS
FOR SIGNAL PROCESSING

Group Art Unit : 2858
Examiner : (unknown)

Docket No. : AFD 481

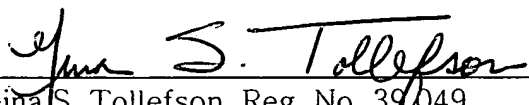
Honorable Commissioner of Patents
P.O. Box 1450
Alexandria VA 22313-1450

STATUS REQUEST

Sir:

It is requested that we be notified of the current status of the above-identified patent application. The last communication received from the Patent and Trademark Office was the filing receipt dated January 11, 2002.

Respectfully submitted,

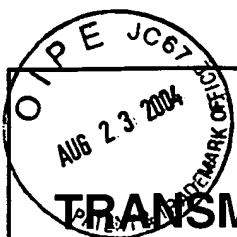

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2858

Substitute PTO/SB/21 (08-03)
Approved for use through 8/30/2003

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/008,476
		Filing Date	December 10, 2001
		First Named Inventor	James B.Y. Tsui
		Art Unit	2858
		Examiner Name	(unknown)
Total Number of Pages in this Submission	2	Attorney Docket Number	AFD 481

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to a Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: There is no fee associated with this filing.		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	GINA S. TOLLEFSON
Signature	<i>Gina S. Tollefson</i>
Date	August 19, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Signature

Date